

Protocol Number: 90-C-0043

Active Follow-up, Protocols NOT Recruiting New Patients

Title: Treatment of tac-Expressing Cutaneous T-Cell Lymphoma (CTCL) and Adult T-Cell Leukemia (ATL) with Yttrium-90 Radiolabeled anti-tac

Number: 90-C-0043

Summary: Nonrandomized study.

Radiolabeled Monoclonal antibody Therapy. Yttrium-90-Labeled anti-tac monoclonal antibody, 90Y-anti-tac.

Sponsoring Institute:

National Cancer Institute (NCI)

Recruitment Detail

Type: Follow-up Of Previously Enrolled Subjects Only

Gender: Male & Female

Referral Letter Required: No

Population Exclusion(s): None

Eligibility Criteria: This study is not currently recruiting new subjects. If you have questions about participating in a study, please contact the <u>Patient Recruitment and Public Liaison Office, CC.</u>

Special Instructions:

Many protocols are potentially hazardous, are intended only for use by clinical oncologists in carefully structured settings, and may not prove to be more effective than standard treatment. A responsible investigator associated with this protocol should be consulted before using this protocol. Dose and schedule modifications are required for patients who develop gastrointestinal, hematologic, neurologic, and biochemical (renal, hepatic, etc.) and/or other abnormalities after the administration of therapy. Additionally, Federal regulations for the protection of human subjects require approval of clinical trials by your local Institutional Review Board.

Disease Category:

Neoplasms

Keywords:

Interleukin-2 Receptor

Recruitment Keywords:

None

Investigational Drug(s):

Yttrium-90 Humanized anti-tac

Investigational Device(s): None

Contacts:

This study is not currently recruiting new subjects. If you have questions about participating in a study, please contact the <u>Patient</u> Recruitment and Public Liaison Office, CC.

Citations:

Waldmann. 1986. The structure, function, and expression of interleukin-2 receptors on normal and malignant T cells, *Science*, Vol. 232, p. 727

Waldmann. 1988. Therapy of patients with human T-cell lymphotrophic virus I-induced adult T-cell leukemia with anti-tac, a monoclonal antibody to the receptor for interleukin-2, *Blood*, *Vol.* 72, p. 1805

Kozak. 1989. The nature of the bifunctional chelating agent used for radioimmunotherapy with yttrium-90 monoclonal antibodies is a critical factor in determining in vivo survival and organ toxicity, Cancer Res, Vol. 49, p. 2639

Active Follow-up, Protocols NOT Recruiting New Patients

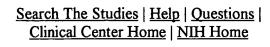
If you have:

- Questions about participating in a study, please contact the <u>Patient Recruitment and Public Liaison Office, CC.</u>
- Questions about specific studies, or the database in general, please contact the <u>Protocol Coordination Service Center, CC.</u>
- Technical questions regarding the Clinical Center web site, please contact the Information Systems Department, CC.

Search/Browse

Help

Questions?



Warren Grant Magnuson Clinical Center (CC)
National Institutes of Health (NIH)
Bethesda, Maryland 20892. Last update: 06/02/99



NCBI

Citation result

Entrez

Science 232: 727-732 (1986)[PMID3008337,MUID86179894]

The structure, function, and expression of interleukin-2 receptors on normal and malignant lymphocytes.

T. A. Waldmann

Antigen or mitogen-induced activation of resting T cells induces the synthesis of interleukin-2 (IL-2) as well as the expression of specific cell surface receptors for this lymphokine. Failure of the production of either IL-2 or its receptor results in a failure of the T-cell immune response. The receptor is composed of a 33,000-dalton (251-amino acid) peptide precursor that is post-translationally glycosylated into the mature 55,000-dalton form. In contrast to resting T cells, human T-cell lymphotrophic virus I (HTLV-I)-associated adult T-cell leukemia cells constitutively express large numbers of IL-2 receptors. Because IL-2 receptors are present on the malignant T cells but not on normal resting cells, clinical trials have been initiated in which patients with adult T-cell leukemia are treated with a monoclonal antibody that binds to the IL-2 receptor.

Comments and questions to the Help Desk

Credits: Grigoriy Starchenko